



Mayor Robert J. Lovero



## Senior Services



# Application Form

DATE

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The Department of Housing and Urban Development (HUD) subsidizes many of the City of Berwyn's Senior programs.

HUD requires that we provide them with certain information and the Community Development Department would appreciate your cooperation in answering the following HUD questions:

### PERSONAL INFORMATION :

Full Name :

Date of Birth :   /   /

Household  
Income :

Number of People in  
household : \_\_\_\_\_

Phone Number :

Emergency  
Contact :

Emergency  
Contact Phone :

#### PLEASE CHECK APPROPRIATE BOX

_____ \$15,200	_____ \$25,350	_____ \$40,550
_____ \$17,400	_____ \$29,000	_____ \$43,350
_____ \$19,790	_____ \$32,600	_____ \$52,150
_____ \$23,850	_____ \$36,200	_____ \$57,900

### ADDRESS :

Present Address :

Email (optional) :

### SERVICES REQUESTED : Please check box

☐ **MOBILITY TRANSPORTATION (60+ yrs)**  
No income verification required

☐ **HANDYMAN PROGRAM (65+ yrs)**  
Income verification required

☐ **SNOW REMOVAL (65+ yrs)**  
Income verification required

☐ **LAWN SERVICE (65+ yrs)**  
Income verification required

#### Race/Ethnicity : check all that apply.

White <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>
Asian <input type="checkbox"/>	Black/African American <input type="checkbox"/>
Multi-Racial <input type="checkbox"/>	American Indian/ Native Alaskan <input type="checkbox"/>
	Native Hawaiian/ Pacific Islander <input type="checkbox"/>

Before any services can be provided, an application with acceptable income verification documents (if applicable) must be submitted and approved by the Senior Services Department. Failure to comply will result in application denial.

### ACCEPTABLE INCOME VERIFICATION DOCUMENTS :

☐ **Income Tax Form of Previous Tax Year**  
Of applicant

☐ **Social Security Benefits Letter**  
Of applicant, of most recent year

### THANK YOU FOR APPLYING

Your initials below indicated you have read and will comply with the Participant Guidelines Program Agreement.

### APPLICANT'S SIGNATURE / DATE:

Program Guidelines  
Participant  
Agreement INITIALS:

For office use only

Approved : \_\_\_\_\_

Denied : \_\_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initials : \_\_\_\_\_

Senior Services Department  
6700 W. 26th Street  
Berwyn, IL 60402  
P : 708-484-2510  
E : mfernandez@ci.berwyn.il.us  
mdpcik@ci.berwyn.il.us



## Senior Services

# Participant Program Guidelines Agreement

DATE

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We reserve the right to refuse participation in the program to any person who fails to cooperate and fully comply with the program guidelines.

### THE FOLLOWING ACTIVITIES/BEHAVIORS IS NOT PERMITTED AND WILL RESULT IN PERMANENT REMOVAL FROM PROGRAM :

- Fighting, touching, spitting, inciting an argument, making threatening statements or offensive gestures of any kind on the city transport vehicles, directed at the driver or another passenger.
- Using obscene, derogatory comments regarding a person's age/race/sex/national origin/religion/sexual preference, or other legally protected basis. Any profane and/or offensive language, harassing or making another passenger or driver uncomfortable or intimidated.
- No animals of any kind are permitted in city transport vehicles (except if required as a medical accommodation for a disabled individual.) If you are an individual with a disability who needs assistance from a service dog, please make arrangements with our Office to ensure that we can reasonably assist you.
- Personal hygiene must be maintained in a manner that does not result in offensive odors that are unavoidable and objectionable to other passengers or driver (if a medical condition exists please notify Senior Services Department at time of application).
- Open alcoholic containers or the consumption of alcoholic beverages in any amount is strictly prohibited on city transport vehicles or in designated pick-up areas.
- No bulky bags/non-medical materials of any kind/clothes/boxes/containers or any item that could attract or transfer rodents, insects, or animals of kind. **Exception:** Grocery transport participants are limited to three (3) grocery bags per person, and are permitted to bring back bags during scheduled grocery trip ONLY.
- Please be respectful of others and refrain from using cellphone in the absence of an emergency.
- Destroying, damaging, soiling or removing any part of the bus.
- Panhandling or solicitation of any kind.
- Eating is prohibited on the bus.
- We follow the health and safety guidelines set by the Illinois Department of Public Health (IDPH). During the ongoing COVID-19 pandemic, **FACE MASKS MUST BE USED THROUGHOUT THE ENTIRETY OF THE TRANSPORT AT ALL TIMES** by ALL passengers and driver.

Applicant must comply with the [Participant Guidelines Program Agreement](#). Please keep this copy and sign application.

APPLICANT'S SIGNATURE / DATE:

Program Guidelines  
Participant  
Agreement INITIALS:

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